

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7700

State File No. ....

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 319

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town WEST WALNUT MANOR  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 6404 LENA  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 2 MONTHS (Specify whether  
In this community 2 MONTHS years, months or days)

3. (a) PRINT FULL NAME CHARLES RUBAR  
3. (b) If veteran, — name war —  
3. (c) Social Security No. —

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, 2 divorced WIDOWED  
6. (b) Name of husband or wife LYDA RUBAR 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased NOV-21-1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 8 If less than one day — hr. — min.

9. Birthplace CAMBRIDGE IOWA (City, town or county) (State or foreign country)

10. Usual occupation GEWELER

11. Industry or business —

12. Name SEBASTIAN RUBAR  
13. Birthplace FRANCE  
14. Maiden name ISADORA CHAMBERLAIN  
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Cecil Rubar  
(b) Address 6404 Lena Ave  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB-1-1943 (Month) (Day) (Year)  
(c) Place: burial or cremation FRIENDS CEM

18. (a) Signature of funeral director L. B. Tamm  
(b) Address 6107 Natural Bridge  
19. (a) FEB 12 1943 (Date received from registrar) (b) E. S. McRae (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town WEST WALNUT MANOR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6404 LENA (If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29th year 1943 hour — minute 3:15 P.M.  
21. I hereby certify that I attended the deceased from Jan. 21, 1943 to Jan. 28, 1943  
that I last saw him alive on Jan. 28, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Duration 8 days  
Pneumonia

Due to —  
Due to —

Other conditions —  
(Include pregnancy within 3 months of death)

Major findings: —  
Of operations —  
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) —  
(b) Date of occurrence —  
(c) Where did injury occur? — (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? — (Specify type of place) (e) Means of injury —

23. Signature Albert Wall (M. D. or other)  
Address 5322 Helen Ave Date signed —

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W. W. Wilkinson*

Licensed Embalmer No.....

3575

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**